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Hidden Adolescent Risks: Provider Education on Non-Suicidal Self-Injury

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Non-Suicidal Self-Injury

Handout for providers

What is Non-Suicidal Self-Injury (NSSI)?

Deliberate self-harm and destruction of body tissue without suicidal intent accomplished through self-injurious behaviors such as cutting, biting, scratching, hitting, burning, ripping or carving.^{2, 4, 5, 7} These behaviors can result in bleeding, bruising or pain.¹

How common is NSSI?

The 2015 Vermont Youth Risk Behavior Survey data shows 26% of high school females and 9% of high school males report NSSI one or more times in the past 12 months. Furthermore, these reported numbers have increased significantly since 2013.⁸ This increase in prevalence means that PCPs will most likely become the first point of contact.⁴ Some studies show, NSSI rates may be as high as 22% among primary care patients and 40-80% of adolescent psychiatric patients engage in NSSI.⁴

Who self-injures?

Individuals with any of the following are associated with higher incidence of NSSI:^{2, 3, 4, 5}

- Depression
- Anxiety
- Difficulty with self-regulation of emotions
- Eating Disorders
- Struggles with sexual Identity
- Poor family and interpersonal relationships
- Struggles with Self-esteem
- Tendency to internalize
- Personality Disorders
- Trauma

Most NSSI behavior begins in middle school.⁵ There is a higher prevalence in youth from lower socioeconomic backgrounds.⁵ The risk of NSSI is also higher among college student populations than among the general public.⁴

Individuals who self-harm more frequently, and individuals who utilize multiple modalities of self-harm, are at increased risk for purposeful suicidal self-harm and suicide attempts.^{2, 4, 6, 7} It has been approximated that 50-70% of individuals who engage in NSSI have attempted suicide at least once in their lives.²

Why do people self-injure?^{1, 2, 4, 5, 6}

- Manage or find relief from negative or painful emotions
- Resolve interpersonal conflict
- Self punishment
- Communicate with others
- Prevent dissociation or feelings of emptiness
- Create positive affect
- To increase feelings of calm
- Self-directed anger

What are signs that someone might be self-injuring?^{2, 3}

- Scars, cuts or marks on body that are unexplainable
- Increased amount of jewelry on wrists and arms
- Wearing long-sleeve shirts or pants in hot weather
- Mention of others they know who self-injure

How can we as providers help?

When talking with an adolescent who engages in self-injury it is important to:

Normalize: Let the patient know you understand about NSSI. Let them know that they are not alone.^{3, 4, 6}

Validate without reinforcing behavior: Communicates your understanding of their personal experiences. This is shown to increase patient follow-up on referrals and medical advice.^{2, 3, 4, 6}

Utilize active listening and motivational interviewing: Allows the provider to understand the patient's point of view, and assess patient risk. It is also a starting point for patient self-reflection and possible goal setting.^{3,4,6}

Assess your own reactions and emotions to NSSI: Be aware of how you feel about NSSI. Do not make the patient feel guilty or accuse them of seeking attention. Do not convey that their behavior is "wrong" or that they must stop engaging in NSSI immediately.^{2,3,4,6}

Evaluate the triggers, purpose, and severity of NSSI: A helpful mnemonic of important factors to assess is STOPS FIRE.^{3,4,5}

- Suicidal Ideation
- Types of Self-injury
- Onset of Self-injury
- Place (location) that is injured
- Severity of injuries
- Functions self-injury serves for patient
- Intensity and frequency of self-injury urges
- Repetition of self-injury
- Episodic frequency of self-injury

High risk factors warranting consideration of inpatient services or immediate evaluation by behavioral health professional include:⁴

- Suicidal ideation
- Early age of onset
- Injury to genitals, breasts, face
- Poor self-care of wounds
- Multiple self-harm episodes a week
- Multiple types or methods of NSSI
- Long history of NSSI
- Hospitalization or stitches
- Very strong urges to harm
- Over 50 injuries per episode of NSSI

What are some ways to treat NSSI?

Replace NSSI with new coping skills. Some ideas include:^{3,4,5}

- Grounding techniques: Hot showers, use an ice cube on wrist
- Exercise
- Journaling
- Mindfulness

Therapy/Counseling:

Effective forms of therapy tend to have a longer time course with a consistent therapeutic contact. Therapy focuses on new coping, interpersonal, self-care, and emotional regulation skills.⁴

Therapies under consideration for NSSI include Emotional regulation group therapy, Transference-focused Therapy, Mentalization-based therapy, Manual assisted cognitive-behavioral therapy, Dialectical Behavioral therapy.^{2,3,4,5,7}

Pharmacotherapy:

Trial of Atypical antipsychotics, SNRIs, SSRIs or naltrexone shown to have possible benefits in reducing NSSI in small sample sizes.^{2,4,7}

Address any underlying psychiatric comorbidities previously mentioned²

What are some local resources for Adolescents and their families?

Howard Center:

Ph: 802-488-6600

Website: <http://www.howardcenter.org>

Centerpoint:

Ph: 802-488-7711

Website: www.centerpointservices.org

Northeast Family Institute

Ph: 802-658-0040

Website: www.mfivermont.org

Adams Center:

Ph: 802-859-1577

Website: www.theadamscenter.com

Spectrum youth and family services:

Ph: 802-864-7423

Website: www.spectrumvt.org

Vermont 2-1-1

Ph: 211

Website: www.vermont211.org

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